BISHOP HEELAN CATHOLIC HIGH SCHOOL

Student				ade	
V		REEMENT TO OBEY INSTRU			TCIPATE
SPORTS /	ACTIVITIE	S (initial applicable line):			
	_Football	Basketball	Track	Volleyball	Wrestling
	_Baseball	Cross-country	Soccer	Softball	Swimming
	_Tennis	Golf	Dance	Cheerleading	Power lifting
		STU	JDENT		
or practicing to serious impairm and generally to Because of the instructions reg	play/participat nent of my futu o enjoy life. dangers of pa parding playing	of my body, general health, and e in the above initialed sports lare abilities to earn a living, to extricipating in the above-initialed techniques, training, and othe STAND THE FOREGOING WA	activities may reengage in other be described as sports I activities reteam rules, etc.	esult not only in serious rusiness, social and rec es, I recognize the impo and I agree to obey so	s injury, but also in a creational activities, ortance of following uch instructions.
Date		Year		Signature of Student	instructions.
		PARENTA	GUARDIAN		
l,		am the parent/le	egal guardian of		(student).
can involve ma result in comple all bones, joints impairment to c my child I ward serious injury, b	ny RISKS OF ete or partial p	g and agreement to obey instruing INJURY, including but not limit aralysis, brain damage, serious uscles, tendons, and other asport his I her body, general health cticing to play I participate in the impairment of his I her future d generally to enjoy life.	ted to, death, ser s injury to virtually bects of the muso n, and well-being ne above-initialed	ious neck and spinal ir y all internal organs, se cular skeletal system, a . I understand that the d sports I activities may	njuries which may erious injury to virtually and serious injury or dangers and risks of result not only in
the school's liab some or all of the named student	bility insurance he costs of me while participa	ission and approval to participal does not cover student medical dical, hospital, and other expending in the above-initialed spore provide the name of the comp	al bills and that I nses which may ts I activities. (If	may purchase insuran result from injuries sus you have purchased in	nce to reimburse me fo stained by the above-
I HAVE READ	AND UNDERS	STAND THE FOREGOING WA	ARNING AND PE	ERMISSION TO PART	ICIPATE.
Date					
				Signature of Parent or Legal Gua	ırdian